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## CRIMINAL HISTORY RECORDS CHECK, Physical and TB RELEASE

### PART I - TO BE COMPLETED BY SUBSTITUTE TEACHER

Date: \_\_\_\_\_

I, \_\_\_\_\_, give my permission for the Regional  
(Substitute Teacher Print Name)  
Office of Education #35 to release the results of my fingerprint background check (both State  
Police and FBI reports) and Physical/TB results to \_\_\_\_\_  
\_\_\_\_\_  
(Name of ROE)

\_\_\_\_\_  
Substitute Signature

\_\_\_\_\_  
XXX-XX-

\_\_\_\_\_  
Social Security Number

Please indicate below the fax number you would like the results sent to:

\_\_\_\_\_  
ROE Fax Number

Please fax this request to 815-434-2453 or email to hdebernardi@roe35.org. If you do not receive results within 2 business days please give our office a call.